(X3) DATE SURVEY

Kansas Department on Aging

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
		N087054	B. WING		04/23/2015	
	ROVIDER OR SUPPLIER	9191 E 21	DRESS, CITY, STA ST ST N KS 67206	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD) CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
S 000	INITIAL COMMENTS		S 000			
	represent the findings #85900 at the above i	s at the above named facility of resurvey with complaint named facility on 4-9-15, 5-15 4-16-15, 4-20-15, 4-23-15.				
S3026 SS=G	26-41-101 (f) (1) Staff ANE	Treatment of Residents	S3026			
	(f)The administrator or operator shall ensure that all of the following requirements are met: (1) No resident shall be subjected to any of the following: (A) Verbal, mental, sexual, or physical abuse, including corporal punishment and involuntary seclusion; (B) neglect; or (C) exploitation.					
	This REQUIREMENT by: KAR 26-41-101(f)(1)(I	is not met as evidenced				
	The sample included review residents. Bas interview, and observer residents sampled, For operator failed to ensure neglect when licensed assess the resident with changed in condition 4-10-15. After the resident placed hip fractilicensed nurses further interventions to address the license of	ation for 1 (300) of 3 or resident #300, the ure resident not subjected to d nurses failed to thoroughly then resident experienced a beginning on the night of sident was identified with a ture on 4-13-15, the				

(X2) MULTIPLE CONSTRUCTION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

			(X3) DATE SURVEY COMPLETED		
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
CLARE BI	RIDGE OF WICHITA	9191 E 2 ⁻ WICHITA	1ST ST N , KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
S3026	Continued From page	: 1	S3026		
	and bilateral sacaral a	ala fractures.			
	Findings included:				
	admit date of 1-31-15 dementia, atrial fibrilla 4-13-15 new diagnost and non-dislocation s The Functional Capac 2-2-15 (admit) recordindependent with cog	es of osteoarthritic changes ub capital right hip fracture. city Screen (FCS) dated ed resident #300 was nition, communication, no aperienced impaired decision ervision with ag, required physical and dressing, toileting, ment of			
	2-3-15 recorded provimedications, assist w toileting, needs remin activities are but able Resident does have a occasion. Resident nemory loss, not always a significant records a significant records and the significant records are significant records as a significant records and the significant records are significant records as a significant re	ith dressing, shower, ders and shown where			
		mented a noninjury fall on ed on 3-8-15 that resident ly in the building.			
		with eating, required ing/mobility, transfer, ist with bathing, dressing, t of medications/treatments,			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLI	
		N087054	B. WING		04/2	3/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLARE B	RIDGE OF WICHITA	9191 E 21S WICHITA, R				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S3026	making. The FCS lad falls/unsteadiness, im wandering as current The NSA dated 3-27-administer all medica eating, requires assis grooming needs, bath care as incontinent of escort to activities an impairment and resid aide, needs reminder activities are but able NSA/HSP lacked doc for falls. Observation on 4-9-1	I short-term memory, lemory recall and decision cked documentation of apaired decision making, and or recent problems. 15 recorded staff to tion, independent with tance with dressing and hing (shower), incontinent fowel and bladder. Staff to d meals due to memory ent use of walker as mobility s and shown where to ambulate on own. The umentation of interventions	S3026			
	difficulty. Observed s Licensed nurse A stat On 4-9-15 at 5:40 p.i ambulating down hall Resident record lacke notification of family a condition noted on 4- Staff statements reco " Resident was walk 4-9-15 and 4-10-15 w had no complaint of p resident. Resident ha report of pain at this t	way by self. ed documentation or and physician of change in 10-15, 4-11-15, and 4-12-15.				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
		N087054	B. WING		04/2	23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CLARE B	RIDGE OF WICHITA	9191 E 218 WICHITA,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
S3026	(4-10-15). (Licensed to the restroom and roup so I came back and Resident did not comwitness statement from 4-14-15. "On the night of Friddone. Resident was Resident was checked every two hours for in the restroom. Resident refused to use restroom. Resident was four hanging off right side abdomen pain. [Licent room and assisted restraight. Pain pill given go to restroom." write certified staff G compound as the following pain. Resided injuries or bruising not fall or any other incided oncoming nurse about and Tylenol given. The from licensed nurse J state to 6:00 a.m. shift. We to Saturday morning Resident #300 slept of a.m. had edema in low statements.	ent to bed on Friday night nurse F) had taken resident esident did not want to get d took resident to bed. plain of any pain. " written m certified staff I completed day April 10th rounds were lying in bed asleep. d every hour for visual and acontinent care and to use ent did not void all night and om when asked. At 5:00 and lying in bed and legs of bed complaining of upper used nurse J] was call to the sident to lay in bed with legs en and resident refused to ten witness statement from leted on 4-14-15. 10-15) staff [certified staff out resident complained of nt was assessed. No uted at this time to indicate a tent. Report was given to ut resident complaint of pain written witness statement a completed on 4-15-15. 10 4-16-15 at 11:20 a.m. with ed, "Works the 10:00 p.m. orked Friday night (4-10-15) (4-11-15) until 6:10 a.m. during night and about 5:30 wer extremities. Resident and did not want to get up. ed to rest and did not	\$3026			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CLARE B	RIDGE OF WICHITA	9191 E 21			
	I	WICHITA,	KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
S3026	Continued From page	e 4	S3026		
	was walking around fithing. When I returned 4-11-15 I went to assist resident out of bed are hurting and did not was my entire shift resider and he/she was still he was aware of this. It was aware of this from certified staff Hourse [licensed or having leg pain and a initial assessment of the bed resting. Residen and soreness present swollen at this time. If often in lower extremi injuries noted at this the for normal range of mount within normal limits. If in bed to rest. Report [certified staff K] of rewitness statement from completed on 4-15-15. Telephone interview of with licensed nurse Besore throughout the non 4-11-15 and 4-12-15 in Resident acted like he given for discomfort. stated he/she did not				
	document anything in	oileted him/her. I did not the record. " Licensed sident usually ambulated all			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		N087054	B. WING		04/23/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE	
CLARE BI	RIDGE OF WICHITA	****	1ST ST N , KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S3026	Continued From page the time.		S3026		
	breakfast (on 4-12-15 legs hurt and was not want to go to the rest [licensed nurse B] the	oom to get him/her up for (i) and he/she said his/her (i) hungry. Resident did not room. I left and told the eresident was complaining ness statement from certified 4-12-15.			
	Resident log notes documented: 4-13-15 at 1:24 p.m., "Received a call from resident's family to inform while visiting on Saturday and Sunday, resident appeared lethargic and was hesitant to get out of bed." Signed licensed nurse D.				
	tactile stimuli. Reside fall. Resident has rar with left extremities por range of motion to rig would not bear weigh extremity. No externa present. "Signed lic 1:35 p.m., "Call place	responsive to verbal and ent denied pain and denied a nge of motion normal limits er self. Facial grimace upon ht lower extremity, resident t, move, or lift right lower al rotation or shortening ensed nurse D.4-13-15 at ed to physician to obtain at hip, pelvis, and obtain a			
	person transfer) with room. Resident does however must have to Still does not bear we	" Staff assist times 2 (two wheelchair to resident 's self-propel with both feet, wo person assist with lifting. eight on right lower ed. " Signed licensed nurse			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		N087054	B. WING		04/23	3/2015	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE			
CLARE BI	RIDGE OF WICHITA	9191 E 21S WICHITA, K					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE	
S3026	Continued From page	e 6	S3026				
	-	" Radiology technician has y. " Signed licensed nurse					
		" Resident continued to ces upon movement. " e D.					
	rest in bed, complete	" Staff to allow resident to rounds every two hours and h. " Signed licensed nurse					
	4-13-15 at 6:00 p.m., "Received radiology report from radiologist. Spoke with resident, family member and physician. The physician rendered two options for treatment. Send to hospital of choice or treat in house." Signed licensed nurse D.						
	resident removed from	" (family) does not want m current placement and received treatment within the ined licensed nurse D.					
	hydrocodone 5/325 m hours as needed for p evaluation and treat,	" Telephone orders for nilligrams (MG) every six pain. Physician therapy bed rest for three weeks and 'Signed licensed nurse D.					
	The NSA/HSP lacked care of non-displaced	d interventions to address d hip fracture.					
	the following: Right Femur: Multiple	ated 4-13-15 for fall recorded e views of the right femur There is a fracture involving					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
CLARE BI	RIDGE OF WICHITA		1ST ST N		
	QUILLEN/ QT		A, KS 67206		701
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S3026	Continued From page	e 7	S3026		
		the level of the sub capital tion of fracture site. No nt sub capital right hip			
	on left arm with six ar down arm. Resident	15 at 1:00 p.m., 2 skin tears eas of bruising from elbow unable to ambulate at this in wheelchair in dining			
	of pain all over. Tyler pain. Resident is kep	s recorded: "Resident complained nol 650 MG administered for t non-weight bearing. Will Call light in reach." Signed			
	regarding right hip fra long as pain is manag community. Resident bearing but can be as	" Spoke with physician cture and was informed as ged resident can remain in t is to remain non-weight sisted by two staff to " Signed licensed nurse A.			
	in apartment on left si p.m. when call by star resident was alert and move resident. Asket his/her head and state Resident stated was g eat. Resident observ approximately 3:50 p. resident was dry and closed911 called	"Resident lying on the floor de at approximately 4:40 if to resident 's room where doriented to self, did not doresident if he/she hit ed yes on the floor going to get something to ed by certified staff at m. for incontinent care, resting in bed with eyes to send to hospital. Family of office. 5:00 p.m. EMS			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
711272711	or definition	ISENTI TO THOM NO INSERT.	A. BUILDING: _			
		N087054	B. WING		04/2	3/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLARE BI	RIDGE OF WICHITA	9191 E 21S WICHITA, K				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S3026	Continued From page	e 8	S3026			
		ncident. " Signed licensed				
	pelvis with contrast: Indication: Injury fron Findings: There appe fractures. There is a Impression:	4-14-15 of abdomen and n a fall. ear to be bilateral sacral ala right femoral neck fracture. e. Sacral ala fractures of				
	Observation on 4-14-15 at 12:25 p.m., licensed nurse A turned and repositioned resident #300. During repositioning resident identified with facial grimacing as in pain and placed hand on right hip.					
	resident not subjected nurses failed to thoroi impaired resident who change in condition b 4-10-15. After the res nondisplaced hip fract licensed nurses further interventions to address He/She was found on	er failed to implement ess care of Resident #300. the floor the following day ced fracture of the femur				
S3028 SS=E		f Treatment of Residents	S3028			
		of abuse, neglect, or eported to the administrator				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		N087054	B. WING		04/2	3/2015
	ROVIDER OR SUPPLIER	STREET ADD 9191 E 215 WICHITA, I		TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
S3028	of the allegation and hours. The administration of the following (A) An investigation is administrator or operatoreceives notification of (B) Immediate measurement further potent exploitation while the (C) Each alleged violation with the report. Results of the reported to the administration of the alleged violation in (E) The department is report shall be completed to the department with initial report.	lity as soon as staff is aware to the department within 24 ator or operator shall ensure g requirements are met: hall be started when the ator, or the designee, of an alleged violation. ures shall be taken to tial abuse, neglect, or investigation is in progress. ation shall be thoroughly e working days of the initial e investigation shall be istrator or operator. ctive action shall be taken if so verified. In some stigation eted and submitted the first working days of the shall be maintained of each	S3028			
	This REQUIREMENT by: KAR 26-41-101(f)(3)	is not met as evidenced				
	The sample included review residents. Basinterviews, and obser residents sampled, the allegations of abuse/residents at hours, start implement immediates	a census of 26 residents. 3 residents and 6 focus sed on record reviews, vations for 1 (#200) of 3 e opertor failed to report neglect to the department an investigations, measure to prevent further ct. thoroughtly investigate				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
74101 1244	or contraction	BENTH IO/MIGN NOMBER.	A. BUILDING: _	A. BUILDING:		
		N087054	B. WING		04/23/2015	;
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CLARE BI	RIDGE OF WICHITA	9191 E 219 WICHITA,				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	1 (X	5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMP	LETE
S3028	Continued From page	e 10	S3028			
	corrective action, sub complaint investigation days, and a written re	of the initial report, take mit the department's on repport within 5 working ecord shall be maintained of reported abuse or neglect.				
	Findings included:					
	admit date of 2-16-15	esident #200 revealed an with diagnoses of organic with anxiety, hypertension,				
	The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering.					
	2-17-15 recorded res assistance with bathin eating, staff to adminimedications/treatment of bowel and bladder transfer and mobility. to the dining room for activities. Resider wanders and requires oriented to person pladifficulty communication wanders throughout thand in common areas	ister its. Resident is incontinent independent with all Resident needs redirection meals and to game room in thas memory impairment, is redirection. Resident is not ace and time. Resident has ing needs, preferences, and the facility down the halls				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPLI	
		N087054	B. WING		04/2	23/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CLARE BI	RIDGE OF WICHITA	9191 E 21S WICHITA, F				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S3028	starts breathing heavicombative. When rescombative, staff is to at a later time. The NSA lacked revisibehaviors or difficulty pushing, and grabbing. Resident #200 's log following: 2-17-15 at 4:00 p.m., most of time. Resident is place, or time. Resident is place, or time. Resident licensed nurse L. 2-18-15 at 6:40 a.m., throughout night to rocheck and change (renurse and attempted to bed. Attempted to needed (for anxiety) a Signed licensed nurse. Resident attempted to rooms. Resident doe and attempts to hit start order for Ativan topical Signed licensed nurse. 3-2-15 at 4:30 p.m., 'resident #400 's hand	combative at times and ily before becomes sident non-compliant or step away and re-approach sion to address aggressive redirecting, hitting, kicking, g other residents and staff. I Resident walking halls tent did show combative approached to try and toilet not oriented to person, tent 's spouse stated this is in thad at home. " Signed I Resident redirected from. On resident 's last resident) charged at this to hit when assisting him/her administer Ativan as and resident refused. " e E. I Resident charged this staff members with a chair. The orienter into other residents are not take re-direction well aff with open hand. New all every 6 hours for anxiety. " e B. I Resident #200 grabbed di squeezing it very tight	S3028			
	causing the resident t					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE	
CLARE B	RIDGE OF WICHITA		1ST ST N , KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
\$3028	intervened and got re: #400 's hand. Resi attempting to hit asso Signed licensed nurse Note: Negotiated serv 6-25-14 for resident # independent with amb walker. Resident very Resident has memory impairment, short and with impaired decision record lacked docume following 3-2-15 altero Resident #200 's log 3-3-15 at 11:30 a.m., care and combative wattempts to re-direct resident remained cor Signed licensed nurse 3-4-15 at 6:50 p.m., " aggression towards si activity. " Signed lice 3-9-15 at 6:50 p.m., " throughout community staff assistance. Res combative behaviors: Resident redirected si licensed nurse D. 3-14-15 at 7:58 p.m., he/she is in another re floor. Resident becar hitting, punching, squarms, and running. "	sident #200 to free resident dent taken to dinner and ciates while being seated. " A. vice agreement dated 400 recorded resident volution using for wheeled of pleasant and social. If and decision making along term memory loss in making. Resident #400 's entation of assessment eation with #200. notes further recorded: Resident very resistive to with associates. Multiple esident were unsuccessful, in the plant was a great during life enrichment ensed nurse D.	S3028		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		N087054	B. WING		04/2:	3/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
CLARE F	BRIDGE OF WICHITA	9191 E 21 WICHITA	IST ST N , KS 67206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
\$3028	other residents alone when re-directed. " S 3-15-15 at 4:20 p.m., combative with anoth his/her arm. Residen activity without hitting nurse D. Note: functional capar for resident #700 reco with ambulation, expeloss, long term memo impaired decision marisk for wandering or to Resident #700 's resident #700 's residecumentation of an atthe incident; entry dat recorded resident am difficulty. Resident hat to right posterior forearight hand, dime size approximately bigger left hand that looks of Resident #200 's log 3-16-15 at 4:30 p.m., resident became aggit #500 after he/she to This resident hit him/h back and pulled his/hi intervened and separattempts to redirect whitting out at associate Signed licensed nurse 3-17-15 at 12:30 p.m. hits staff. Resident all	and continued to hit staff Signed licensed nurse D. "Resident became er resident #700 by twisting t refuses to ambulate to staff." Signed Licensed city screen dated 1-22-15 orded resident independent erienced short term memory rry loss, memory recall and king. Resident was not at falls/unsteadiness. ident log notes lacked assessment at the time of sed 3-16-15 at 4:10 p.m. bulating halls without as a large dark purple bruise arm, large purple bruise to bruise to left hand, and than a quarter size bruise to d. Signed licensed nurse A. notes further recorded: "Around 1:45 p.m. this ressive with another resident ied to hold his/her hand. her on the left side of his/her er hair. Associate ated them. Multiple lere unsuccessful. Resident les. Ativan was given."	\$3028			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	
		9191 E 2		,	
CLARE B	RIDGE OF WICHITA		, KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
S3028	Continued From page	: 14	S3028		
	certified staff who head found resident #200 in sitting in the recliner. resident #200 's behad by staff at all times, so room doors to ensure Signed licensed nurse. Review of resident #1 revealed an admit dat of non-insulin depend. The Functional Capaca 2-24-15 recorded resident work term memory lo recorded resident not	avior. Resident is monitored taff continue to close all safety of all residents. " D. Oo's record at 4:20 p.m. the of 9-17-14 with diagnoses tent diabetic and arthritis. City Screen (FCS) dated 9 dent was independent with ility and had occasional ss. The FCS dated 2-24-15 at risk for didoes not experience			
	#100 stated he/she " spouse who passed a stated resident #200 or came in while he/she He/she got up and tol his/her room and to le and asked him/her to the door and resident to the ground where h floor. Resident #200 (resident #100 ' s) her floor and told him/her started screaming as staff came to room to room. Resident #100 and small area at brid was. " Observed red	d resident #200 this was not eave. He/she turned around leave and walked towards #200 pushed him/her down ne/she fell face first to the			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE S COMPL	
		N087054	B. WING		04/2	23/2015
	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE	i, ZIP CODE		
CLARE B	RIDGE OF WICHITA		, KS 67206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S3028	Resident #100 stated the fall. Resident #10 called EMS and 911. arriving. Family mem EMS/police leaving. #100 who declined go Room at this time. Observed purple bruis left cheek from eye do also noted to right and centimeter circle purp. Interview on 4-9-15 at stated, resident #100 resident #200 who had Resident #100 has breye and nose. 911 who and did a police report #100) was upset and stalking resident #100 #200 does grab other has grabbed other resident #200 's log 4-9-15 at 6:00 p.m., 'outside agency that president #200 's previouside agency that president #200 's	that was his/her blood from 00 further stated the facility Police arrived prior to EMS ber arrived prior to EMS assessed resident bing to the Emergency sing around nose, left eye, own to under neck. Bruising d left knee approximately 3 le in color It 2:38 p.m. with operator was pushed down by s impaired memory. uising on face, left cheek, as called and police came It. Family (for resident felt resident #200 was 0). Further stated resident residents and staff. He/she sident 's wrist and he/she is notes further recorded: Licensed nurse A called an rovided 24 hour sitter due to ious aggression towards gency will send a sitter this	S3028			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SU COMPLE	
		N087054	B. WING		04/2:	3/2015
NAME OF PI	ROVIDER OR SUPPLIER		PRESS, CITY, STA	TE, ZIP CODE		
CLARE BI	RIDGE OF WICHITA	9191 E 21S WICHITA, R				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
\$3028	Resident #200 taken in recliner. I sat in a door. Left message for contacted physician was resident. Received a hospital behavior unit Emergency Medical Scops arrived first them message for spouse. Note: Functional capa for resident #600 recomplysical assistance was ambulation/mobility in experienced impaired memory, long term mand Resident #600 's recomplysical assessment for the second se	It resident from gam room. It o his/her room and placed chair next to resident 's for regional nurse and while operator sat with a call to send resident to a for evaluation and admit. Services (EMS) called. Two a EMS arrived. Left "Signed licensed nurse D. Racity screen dated 1-22-15 orded resident required with transfer and the memory recall, short term memory and decision making. For lacked documentation of following the incident. Racity screen dated 2-21-14 orded resident independent with ambulation, and wheelchair, experienced call, short term memory, and decision making, and diness as a current or recent	S3028			
	4-13-15 at 3:12 record the game room when that resident #600 wa #200 hit him/her on the escorting resident #20 slapped resident #800	ment from operator dated ded " resident #200 was in he/she became agitated as being loud and resident ne back and while staff 00 out of area he/she 0. The operator was on the sitter when this happened.				

NM8 OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9191 E 21ST ST N WICHITA, NS 97206 MICHITA, NS 97206	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
CLARE BRIDGE OF WICHITA Michital			N087054	B. WING		04/2	3/2015
CLARE BRIDGE OF WICHTA WICHITA, KS 67206	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CALIFICATION SUMMARY STATEMENT OF DESCRIBONIES PRECED PREC	CLARE B	RIDGE OF WICHITA					
Licensed nurse A came to the game room and helped escort resident #200 back to his/her room. Licensed nurse A sat with resident until I could get down to room. At that time licensed nurse a left to notify the physician and I sat with resident until the police and EMS arrived. EMS asked if they could bring him/her back and I told them they would have to assess resident first but probably would not be able to accept him/her back." Telephone interview on 4-13-15 at 11:30 a.m. with family member for resident #100 stated he/she was going to move resident #100 due to resident #200 oging around facility pushing and hitting residents and staff. He/she did not feel (resident #100) or any other residents were safe and management refused to do anything about resident #200 's behaviors. Resident #100 has to keep door locked at all times due to fear of resident #200 coming back to his/her room. Resident #100 will not open door unless staff states who they are. Staff to escort resident #100 to dining room and back. Resident #100 to dining room and back. Resident will have to stay in his/her room due to fear of resident #200. Family member further states had observed other incidents with resident #200 holding onto resident #200. Family member; stopped resident #200 from holding onto him/her. Resident #200 to basing) and laid down across hallway so no one could get by him/her. Staff had to take walker from him/her. Resident #200 was hitting staff,	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
Written witness statement from certified staff O dated 4-14-15 at 12:10 p.m. recorded " resident #200 has pulled other residents hair, punched resident #600 and #800 in the back, hit my arm, and grabbed me. "	\$3028	Licensed nurse A can helped escort resident Licensed nurse A sat down to room. At that to notify the physiciar the police and EMS a could bring him/her be would have to assess would not be able to a Telephone interview of family member for residents and staff. If #100) or any other remanagement refused resident #200 coming Resident #200 coming Resident #200 coming Resident #100 will not states who they are. to dining room and bastay in his/her room of Family member further incidents with resident #900's wheelchair a (family member) stop holding onto him/her. from resident #100's and laid down across by him/her. Staff had him/her. Resident #2 aggressive and abusing Written witness stated dated 4-14-15 at 12:1 #200 has pulled other resident #600 and #8	me to the game room and at #200 back to his/her room. with resident until I could get at time licensed nurse a left and I sat with resident until arrived. EMS asked if they ack and I told them they accept him/her back. " on 4-13-15 at 11:30 a.m. with sident #100 stated he/she esident #100 due to resident acility pushing and hitting He/she did not feel (resident sidents were safe and I to do anything about aviors. Resident #100 has at all times due to fear of g back to his/her room. Of open door unless staff Staff to escort resident #100 ack. Resident will have to due to fear of resident #200. Fer states had observed other at #200 holding onto resident and he/she was crying and oped resident #200 from Resident #200 took walker as spouse (prior to passing) a hallway so no one could get to take walker from 200 was hitting staff, ive. ment from certified staff O 10 p.m. recorded " resident residents hair, punched	S3028	DEPICIENCY)		

AND DLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		N087054	B. WING		04/23/2015
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE	
CLARE BI	RIDGE OF WICHITA	9191 E 21 WICHITA	IST ST N , KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
S3028	Continued From page	: 18	S3028		
	dated 4-14-15 at 1:00 different instances in resident #200 being a residents and employ walk up to resident #9 and start twisting. I had he/she will grab y He/she has done that staff member to get re #200 has raised his/h and lunged toward meme. Resident #200 h	ees. I (observed) him/her 000 and just grab their wrist ave tried to redirect him/her			
	dated 4-14-15 at 1:00 been several occasion resident #200 being a residents. In the more medications and some He/she would kick at also seen him/her hit his/her arm so tight the Written witness stater dated 4-14-15 at 1:11 #200 has punched maresident #400 's arm, occasions by kicking, Punch a resident here and residents have be #400 was pulled out on the feel safe."	aggressive with staff and nings I would give him/her e days were not so easy. me or try to grab my arm. I resident #400 and squeeze at it caused a bruise. " ment from certified staff M p.m. recorded "resident			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLE	
		N087054	B. WING		04/2	3/2015
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CLARE BI	RIDGE OF WICHITA	9191 E 21S WICHITA, K				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
\$3028	dining room when I sa on side of chair and I so we can sit right in grabbed my forearm a start shaking it and us me in the head. Anot chair behind him/her and not hurt anyone of forearm shaped like had been start shaking it and us me in the head. Anot chair behind him/her and not hurt anyone of forearm shaped like had been start shaking it and not an one occasion the paperwork and on one occasion the paperwork and not another occasion, I we resident with another walked past resident grabbed the resident We got the two resident with another occasion, reson on the ground. I he resident #100 's room on the floor. Resident #200 pushed him/her nurse was notified.' On 4-9-15 at 5:15 p.n. completed facility repassociates are doing #200 to ensure his/her safety. Spouse sitti evenings after meals. back to his/her room when trying to find room when trying to find room start start and site in the safety.	aw (resident #200) try to sit said let me move you over the chair. (Resident #200) and squeezed it had and sing other arm to try and hit ther staff member moved the so he/she could sit down lese. I had a bruise on my his/her hand print for a week. The ment from certified staff P at recorded "resident #200 pice and his/her hand at staff he/she hit me and I filled out of tified charge nurse. On the same of the said to sit the same of the said the sai	\$3028			

			(X3) DATE SURVEY COMPLETED		
		N087054	B. WING		04/23/2015
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CLARE BI	RIDGE OF WICHITA	9191 E 21 WICHITA,	ST ST N KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
\$3028	statement of how they resident is observed a his/her room. On 4-9-15 at 5:45 p.m statement from the op currently working to fi resident #200 is still in interventions are to do while in room. After mesident #200 back to there is not mix up of of room associates to times. Maintenance who when resident is associates can hear more be with resident while provide a sitter until who and laser light. Operating within 24 hours, start implement immediate potential abuse/negle within 5 working day of corrective action, sub complaint investigation days, and a written resident resident resident resident resident investigation days, and a written resident	n. requested a written y are going to ensure this at all times when out of n. received a written perator that recorded: " and a proper placement while an community. Our to hourly checks on resident meals we are escorting this/her room to ensure room. When resident is out stay with resident at all will put laser lights in room to sup and a monitor so resident. An associate will to out of room. Going to ye are able to add monitor ator and licensed nurse A to il sitter is available. " re operator failed to report meglect to the department an investigations, measure to prevent further ct, thoroughtly investigate of the initial report, take	S3028		
S3065 SS=J	(a) The administrator living facility or reside	or operator of each assisted ntial health care facility shall ent and implementation of	S3065		

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED	
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
CLARE B	RIDGE OF WICHITA		1ST ST N ., KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
S3065	pursuant to K.A.R. 26 administrator or operaresident who has one conditions is not adminegotiated service ag sufficient to meet the (1) Incontinence, if the participate in manage (2) immobility, if the ron another person 's building; (3) any ongoing condepersons to physically (4) any ongoing, skill needed 24 hours a da (5) any behavioral sy manageability.	ne rights of each resident, -39-102. In addition, the ator shall ensure that any or more of the following tted or retained unless the reement includes services needs of the resident: e resident cannot or will not ment of the problem; esident is totally dependent assistance to exit the lition requiring two or more assist the resident; ed nursing intervention by; or mptom that exceeds	S3065		
	by: KAR 26-41-200(a)(5) The facility identified a The sample included review residents. Bas interviews, and observesidents sampled, the residents with behavior manageability were not identified evidence the aggressive behaviors following admission, or residents on at least and 3-17-15; on 4-7-1 down and placed his/head to hold him/her on nose and face with britantified.	vations for 1 (#200) of 3 e operator failed to ensure or symptoms that exceed ot retained when staff at resident #200 began			

A BUILDING: NOBP FLAN OF CORRECTION NOBPOSA STREET ADDRESS, CITY, STATE, 2IP CODE 9191 E 21ST ST N WICHITA, KS 67206 C(A) ID PREFIX TAG COMMARY STATEMENT OF DEFICIENCIES (EXCH DEFICIENCY MUST BE PRECEDED BY TILL TAG CROSS-KEFERNOED TO THE APPROPRIATE DEFICIENCY MICHITA SUMMARY STATEMENT OF DEFICIENCIES (EXCH DEFICIENCY MUST BE PRECEDED BY TILL TAG CROSS-KEFERNOED TO THE APPROPRIATE DEFICIENCY TAG CONTINUED FLORE OF THE APPROPRIATE DEFICIENCY TAG CROSS-KEFERNOED TO THE APPROPRIATE TAG CROSS-KEFERNOED TO THE APPROPRIATE DEFICIENCY TAG		Department on Aging	Т			$\overline{}$		
NAME OF PROVIDER OR SUPPLIER SIREET ADDRESS, CITY, STATE, ZIP CODE 9191 E 21ST ST N WICHITA, KS 67206 PROVIDERS PLAN OF CORRECTION (EACH OPERICIENCY MUST BE PRECIBED BY PLUL TAG S3065 Continued From page 22 immediate jeopardy for harm or injury. Findings included: - Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/fireathments, bladder incontinence, experienced short-term memory loss, long-term memory loss, nemory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/fireathments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection			(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	1 ' '	` '	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9191 E 21ST ST N WICHITA, KS 67206 (PA) ID PREFIX TAG (PA) ID PREFIX TAG CONTINUED FROM LISC IDENTIFYING INFORMATION) S3085 Continued From page 22 immediate jeopardy for harm or injury. Findings included: - Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, tolleting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, nemory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, tolleting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer ad mobility. Resident needs redirection	AND FLAIN (A CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:	A. BUILDING:		L 1 L D	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9191 E 21ST ST N WICHITA, KS 67206 (PA) ID PREFIX TAG (PA) ID PREFIX TAG CONTINUED FROM LISC IDENTIFYING INFORMATION) S3085 Continued From page 22 immediate jeopardy for harm or injury. Findings included: - Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, tolleting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, nemory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, tolleting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer ad mobility. Resident needs redirection								
CLARE BRIDGE OF WICHITA PRIST STATEMENT OF DEFICIENCY WINT RE PRECEDED BY PULL REGULATORY OR LISC IDENTIFYING INFORMATION) S3065 Continued From page 22 immediate jeopardy for harm or injury. Findings included: - Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, tolleting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing dressing, tolleting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident leads redirection			N087054	B. WING		04/2	23/2015	
(X41)D SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG SUMMARY STATEMENT OF DEFICIENCES PULL REGULATORY OR LSC IDENTIFYING INFORMATION) S3065 Continued From page 22 immediate jeopardy for harm or injury. Findings included: - Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, iolieting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, long-term memory loss, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, tolleting, eating, gating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE			
WICHITA, KS 67206 SUMMARY STATEMENT OF DEFICIENCIES D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE			9191 E 2	1ST ST N				
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE) TO THE APPROPRIATE	CLARE BI	RIDGE OF WICHITA	WICHITA	, KS 67206				
S3065 Continued From page 22 immediate jeopardy for harm or injury. Findings included: - Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, nong-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	D BE	COMPLETE	
immediate jeopardy for harm or injury. Findings included: - Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, nemory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
Findings included: Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection	\$3065	Continued From page	e 22	S3065				
- Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		immediate jeopardy f	or harm or injury.					
- Record review for resident #200 revealed an admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		Findings included:						
admit date of 2-16-15 with diagnoses of organic dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		- Record review for r	resident #200 revealed an					
dementia, depression with anxiety, hypertension, and osteoarthritis. The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
The functional capacity screen (FCS) date 2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection			•					
2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		and osteoarthritis.						
2-17-15 recorded resident independent with transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
transfer, walking/mobility and did not exhibit socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
socially inappropriate behaviors. The FCS also recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection			•					
recorded resident required physical assistance with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection			•					
with bathing dressing, toileting, eating, management of medications/treatments, bladder incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
incontinence, experienced short-term memory loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
loss, long-term memory loss, memory recall, decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		management of medi	ications/treatments, bladder					
decision making, impaired decision making, falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection			•					
falls/unsteadiness, and wandering. The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
The Negotiated Service Agreement (NSA) dated 2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		ialis/unsteadiness, ar	nd wandering.					
2-17-15 recorded resident required physical assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		The Negotiated Servi	ice Agreement (NSA) dated					
assistance with bathing, dressing, toileting, eating, staff to administer medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection			• ,					
medications/treatments. Resident is incontinent of bowel and bladder, independent with all transfer and mobility. Resident needs redirection								
of bowel and bladder, independent with all transfer and mobility. Resident needs redirection		•						
transfer and mobility. Resident needs redirection								
			•					
to the dining room for media and to game room								
to the dining room for meals and to game room for activities. Resident has memory impairment,								
wanders and requires redirection. Resident is not								
oriented to person place and time. Resident has								
difficulty communicating needs, preferences, and								
wanders throughout the facility down the halls		wanders throughout t	the facility down the halls					
and in common areas. Resident is easily								
redirected. Resident demonstrates reluctance for								
accepting care, is combative at times and								
starts breathing heavily before becomes combative. When resident non-compliant or								

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
	N087054	B. WING		04/23/2015
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
CLARE BRIDGE OF WICHITA		1ST ST N A, KS 67206		
PREFIX (EACH DEFICIENCY MU	MENT OF DEFICIENCIES IST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
combative, staff is to step at a later time. The NSA lacked revision behaviors or difficulty red pushing, and grabbing of following: 2-17-15 at 4:00 p.m., "R most of timeResident behaviors when staff app resident. Resident is not place, or time. Resident the behaviors resident halicensed nurse L. 2-18-15 at 6:40 a.m., ". throughout night to room. check and change (resident nurse and attempted to add needed (for anxiety) and Signed licensed nurse E. 2-21-15 at 7:15 a.m., "R nurse and two other staff Resident attempted to en rooms. Resident does not and attempts to hit staff worder for Ativan topical ex Signed licensed nurse B. 3-2-15 at 4:30 p.m., "Re resident #400's hand sq causing the resident to so intervened and got resident #400's hand. Resident attempting to hit association.	to address aggressive irecting, hitting, kicking, her residents and staff. tes recorded the desident walking halls did show combative roached to try and toilet oriented to person, 's spouse stated this is ad at home. " Signed . Resident redirected . On resident 's last ent) charged at this it when assisting him/her minister Ativan as resident refused. " desident charged this members with a chair. It is into other residents of take re-direction well with open hand. New very 6 hours for anxiety." desident #200 grabbed queezing it very tight cream, associates ent #200 to free resident int taken to dinner and	S3065		

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
CLARE B	RIDGE OF WICHITA	9191 E 21 WICHITA,	ST ST N KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE
S3065	Continued From page	: 24	S3065		
	Signed licensed nurse	eA.			
	independent with ambiguity walker. Resident very Resident has memory impairment, short and with impaired decision record lacked docume following 3-2-15 alteror Resident #200 's log 3-3-15 at 11:30 a.m., care and combative wattempts to re-direct resident remained cor Signed licensed nurse 3-4-15 at 6:50 p.m., 'aggression towards sactivity." Signed licensed signed licensed signed licensed signed licensed signed licensed licensed licensed licensed licensed licensed signed licensed signed licensed signed licensed nurse D. 3-14-15 at 7:58 p.m., he/she is in another refloor. Resident becar hitting, punching, squarms, and running."	400 recorded resident pulation using for wheeled by pleasant and social. If and decision making allong term memory loss in making. Resident #400 's centation of assessment cation with #200. Inotes further recorded: Resident very resistive to with associates. Multiple cesident were unsuccessful, imbative and agitated. Resident displayed severe taff during life enrichment censed nurse D.			

Kansas Department on Aging

Nansas L	repartment on Aging					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S COMPL	
		N087054	B. WING		04/2	23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
CLARE BE	RIDGE OF WICHITA	9191 E 21S				
OLAILE BI	Г	WICHITA, K	(S 67206	T		T
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S3065	Continued From page	2 5	S3065			
	his/her arm. Residen activity without hitting nurse D.	er resident #700 by twisting It refuses to ambulate to staff. " Signed Licensed				
	for resident #700 reco with ambulation, expel loss, long term memo impaired decision marisk for wandering or the Resident #700's resident #700's resident and documentation of an attention in the incident; entry data recorded resident and difficulty. Resident has to right posterior foreatight hand, dime size approximately bigger	ident log notes lacked assessment at the time of ted 3-16-15 at 4:10 p.m.				
	3-16-15 at 4:30 p.m., resident became aggrups 4500 after he/she transition This resident hit him/h back and pulled his/he intervened and separattempts to redirect whitting out at associate Signed licensed nurse 3-17-15 at 12:30 p.m. hits staff. Resident all	ated them. Multiple vere unsuccessful. Resident es. Ativan was given. "				
	nurse D.	' Called to resident room by				

certified staff who heard screaming noise and

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		N087054	B. WING		04/23/2015	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
CLARE BI	RIDGE OF WICHITA	9191 E 2 ⁻				
		WICHITA	, KS 67206			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPI	LETE
S3065	Continued From page	26	S3065			
	sitting in the recliner. resident #200 's beha by staff at all times, si	avior. Resident is monitored taff continue to close all safety of all residents. "				
	revealed an admit dat of non-insulin depend The Functional Capac 2-24-15 recorded resi transfer, walking/mob short term memory lo recorded resident not	d does not experience				
	#100 stated he/she " spouse who passed a stated resident #200 or came in while he/she He/she got up and tol his/her room and to le and asked him/her to the door and resident to the ground where h floor. Resident #200 (resident #100 ' s) he floor and told him/her started screaming as staff came to room to room. Resident #100 and small area at brid was. " Observed red hand on floor where r Resident #100 stated the fall. Resident #10	t 3:35 p.m. with resident moved here with his/her away last week. Resident opened his/her door and was sitting in recliner. It desident #200 this was not eave. He/she turned around leave and walked towards #200 pushed him/her down he/she fell face first to the put his/her foot over ad to keep resident down on to shut up. Resident #100 loud as he/she could and get resident out his/her was bleeding from nose ge of nose where glasses spots the size of an open esident stated he/she fell. that was his/her blood from 100 further stated the facility Police arrived prior to EMS				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
CLARE BI	RIDGE OF WICHITA	9191 E 21			
			KS 67206		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
S3065	#100 who declined go		S3065		
	left cheek from eye do	sing around nose, left eye, own to under neck. Bruising d left knee approximately 3 le in color.			
	stated, resident #100 resident #200 who ha Resident #100 has breye and nose. 911 w and did a police repor #100) was upset and stalking resident #100 #200 does grab other				
	4-9-15 at 6:00 p.m., 'outside agency that p resident #200's prev	notes further recorded: ' Licensed nurse A called an rovided 24 hour sitter due to ious aggression towards gency will send a sitter this sensed nurse A.			
	resident was in game residents. Resident # walking so certified st guide him/her back to go of staff 's hands a on the back. Resider charge at resident #8 so certified staff yelled immediately removed Resident #200 taken	'At approximately 6:45 p.m. room with staff and other \$200 got up and started aff held his/her hands to his/her chair. Resident let nd slapped resident #600 at #200 then started to 00 and hit him/her on back d for help. I arrived and resident from gam room. to his/her room and placed chair next to resident 's			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		N087054	B. WING		04/23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CLARE BI	RIDGE OF WICHITA	9191 E 21S WICHITA, I			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
S3065	hospital behavior unit Emergency Medical Scops arrived first then message for spouse. Note: Functional capa for resident #600 recophysical assistance wambulation/mobility in experienced impaired memory, long term memory, long term memory, long term mesident #600 's reconursing assessment for resident #900 recowith transfer, assist waself-propelled while in impaired memory recoming term memory, and identified falls/unstead problem. Resident #9 documentation of number incident. Written witness stater 4-13-15 at 3:12 record the game room when that resident #600 was #200 hit him/her on the escorting resident #800 phone trying to get a second state of the second	or regional nurse and while operator sat with call to send resident to for evaluation and admit. Services (EMS) called. Two EMS arrived. Left " Signed licensed nurse D. acity screen dated 1-22-15 orded resident required with transfer wheelchair, and memory recall, short term emory and decision making. Ord lacked documentation of collowing the incident. acity screen dated 2-21-14 orded resident independent with ambulation, wheelchair, experienced call, short term memory, and decision making, and diness as a current or recent 00's record lacked sing assessment following ment from operator dated ded "resident #200 was in he/she became agitated as being loud and resident he back and while staff 00 out of area he/she 0. The operator was on the sitter when this happened.	\$3065		
	helped escort residen	ne to the game room and t #200 back to his/her room. with resident until I could get			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		N087054	B. WING		04/2	23/2015
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	1 04/2	.0/2010
CLARE B	RIDGE OF WICHITA	9191 E 21S WICHITA, K				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
\$3065	to notify the physician the police and EMS a could bring him/her be would have to assess would not be able to a Telephone interview of family member for reswas going to move re #200 going around fa residents and staff. H#100) or any other resmanagement refused resident #200 's behat to keep door locked a resident #200 coming Resident #200 coming Resident #100 will no states who they are. to dining room and bastay in his/her room of Family member further incidents with resident #200's wheelchair and (family member) stopholding onto him/her. from resident #100's and laid down across by him/her. Staff had him/her. Resident #2 aggressive and abusing Written witness stater dated 4-14-15 at 12:1 #200 has pulled other resident #600 and #8 and grabbed me."	and I sat with resident until arrived. EMS asked if they ack and I told them they accept him/her back. " on 4-13-15 at 11:30 a.m. with sident #100 stated he/she esident #100 due to resident cility pushing and hitting he/she did not feel (resident sidents were safe and to do anything about aviors. Resident #100 has at all times due to fear of a back to his/her room. It open door unless staff Staff to escort resident #100 has at all times due to fear of the states had observed other at #200 holding onto resident much esident #200 from Resident #200 took walker as spouse (prior to passing) hallway so no one could get to take walker from 200 was hitting staff,	\$3065			

Nansas L	repartment on Aging					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			P WING			
		N087054	B. WING		04/2	23/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		9191 E 21	STSTN			
CLARE BI	RIDGE OF WICHITA		KS 67206			
		<u> </u>	K3 07200	T		Ι
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		DATE
17.0		,	IAG	DEFICIENCY)		
			+			
S3065	Continued From page	e 30	S3065			
	different instances in	which I have witnessed				
	resident #200 being a					
	_	/ees. I (observed) him/her				
		,				
	-	900 and just grab their wrist				
	_	nave tried to redirect him/her				
	and he/she will grab					
		t to me and it took another				
	-	esident to let go. Resident				
		ner fist to me at one point				
	•	e like he was going to punch				
		nad moments when he/she				
		nd just smack you on the				
	arm. "					
		ment from certified staff N				
		p.m. recorded "there has				
	been several occasio	ns when I have seen				
		aggressive with staff and				
	residents. In the mor	nings I would give him/her				
	medications and som	ne days were not so easy.				
	He/she would kick at	me or try to grab my arm. I				
	also seen him/her hit	resident #400 and squeeze				
	his/her arm so tight th	nat it caused a bruise. "				
	Written witness state	ment from certified staff M				
	dated 4-14-15 at 1:11	p.m. recorded " resident				
	#200 has punched m	any residents, twisted				
		, physically hit me on several				
		punching and scratching.				
		e for day care, many staff				
		een assaulted, resident				
		of bed, residents and staff do				
	not feel safe. "					
	Written witness state	ment from certified staff C at				
		recorded, "I was in the				
		aw (resident #200) try to sit				
		said let me move you over				
	SO WE Can Sit right in	the chair. (Resident #200)	1			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPL	
		N087054	B. WING		04/2	3/2015
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CLARE BI	RIDGE OF WICHITA	9191 E 21S WICHITA, I				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S3065	start shaking it and us me in the head. And chair behind him/her and not hurt anyone of forearm shaped like here. Written witness stater 3:05 p.m. on 4-14-15 would raise his/her vous and on one occasion the paperwork and not another occasion, I were walked past resident with another walked past resident We got the two resident whom the ground. I here ident #100 's room on the floor. Resident #200 pushed him/her nurse was notified. ' On 4-9-15 at 5:15 p.m. completed facility repassociates are doing #200 to ensure his/her 'safety. Spouse sittite evenings after meals. back to his/her room when trying to find room and watch resident #2 room. On 4-9-15 at 5:17 p.m.	and squeezed it had and sing other arm to try and hit ther staff member moved the so he/she could sit down else. I had a bruise on my his/her hand print for a week. The ment from certified staff P at recorded "resident #200 bice and his/her hand at staff he/she hit me and I filled out offied charge nurse. On as ambulating another staff member and we #200 who got angry and #700 's arm pretty hard. ents separated and notified licensed nurse A. On sident pushed resident #100 and found resident #100 and found resident #100 to the floor. The charge The charge on the floor. The charge on the floor is a fety and other residents and with resident during we are escorting resident to ensure there is not mix up form. Associates are to know 200 at all times while out of the requested a written in requested a written in the requested in the requested a written in the requested in the requested a written in the requested	S3065			
	statement of how they	y are going to ensure this at all times when out of				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		N087054	B. WING		04	/23/2015
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
CLARE B	RIDGE OF WICHITA	9191 E 2 ² WICHITA	1ST ST N , KS 67206			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S3065	his/her room. On 4-9-15 at 5:45 p.r statement from the or currently working to for resident #200 is still interventions are to display the while in room. After the resident #200 back to there is not mix up of of room associates to times. Maintenance know when resident in associates can hear the with resident while provide a sitter until wand laser light. Operstay with resident until wand laser light. Operstay with seldents of between 3-2-15 and a resident down and resident 's head to heleding from nose a and knees and hit two the facility implement. These failures placed immediate jeopardy for the statement of the statem	m. received a written perator that recorded: " ind a proper placement while n community. Our lo hourly checks on resident meals we are escorting o his/her room to ensure froom. When resident is out o stay with resident at all will put laser lights in room to is up and a monitor so resident. An associate will e out of room. Going to we are able to add monitor rator and licensed nurse A to til sitter is available. " e operator failed to ensure for symptoms that exceed not retained when resident ive behaviors toward staff nission, grabbed, hit, or n at least 5 occasions 3-17-15; on 4-7-15 knocked placed his/her foot on the old him/her down causing and face with bruising to face or residents on 4-9-15 after led one on one staff care. d all residents in the facility in for harm or injury. The led when the resident was	S3065			